

CSRS Nondisability Retirement Checklist

This list identifies the forms that must be submitted when applying for an optional, voluntary, or discontinued service retirement under the Civil Service Retirement System (CSRS). These forms are available through the OPM Web site <http://www.opm.gov/forms/index.htm> or through the ABC-C Web site <http://www.abc.army.mil/ABCRetirement/Forms/Forms.asp>.

BASIC RETIREMENT FORMS PACKAGE

FORM NUMBER AND TITLE	REQUIREMENT
SF 2801, Application for Immediate Retirement	Required in all cases.
SF 2801, Schedule A - Military Service Information Schedule B - Military Retiree Pay Schedule C - Federal Employees Compensation Information	Required if you served in the military. Required if you served in the military and are receiving retired military pay. Required if you received OWCP benefits.
SF 2801-1, Certified Summary of Federal Service	DO NOT attempt to complete this form - ABC-C will verify your service.
SF 2801-2, Spouse's Consent to Survivor Election	Required if you are married at retirement and do not elect a full survivor annuity for your current spouse.
SF 2801-3, Election of Former Spouse Survivor Annuity and/or Combination Current/Former Spouse Annuity	Required to elect survivor benefits for a former spouse(s) or combination of current/former spouse.

HEALTH BENEFITS FORMS

SF 2809, Health Benefits Registration Form	Required to make an open season election if you will retire before the effective date of the open season. The SF 2809 will be processed by OPM, not ABC-C.
CHAMPUS Certification Letter	Required if using CHAMPUS coverage to meet the five-year requirement for taking FEHB into retirement. The CHAMPUS Office can provide a certification letter. NOTE: You MUST be enrolled in FEHB on effective date of retirement.

LIFE INSURANCE FORMS

SF 2817, Life Insurance Election	Required to cancel all or any options of FEGLI coverage at retirement.
SF 2818, Continuation of Basic Life Insurance as Retiree or Compensation	Required when eligible and electing to continue Basic FEGLI enrollment into retirement.
SF 2818 attachment, Option B and C Election Notice	Required when eligible for electing Option B and/or C FEGLI enrollment into retirement.
SF 2823, Life Insurance Designation of Beneficiary	Required to update beneficiary information before retirement.

OTHER FORMS AND DOCUMENTS

SF 52, Request for Personnel Action	Required to initiate retirement processing. Employee must submit using PERSACTION (Automated SF 52) in supervisor's office or Civilian Personnel Advisory Center.
RI 38-128 Electronic Fund Transfer (EFT) Form (preferred) or SF 1199A, Direct Deposit Sign Up Form	Required for CSRS applicants to have annuity checks deposited directly to a bank account. FERS applicants will provide banking information directly on the Immediate Retirement Application to ensure direct deposit of annuity checks.
Agency Estimate of Annuity	ABC-C will attach.
W-4P, Withholding Certification for Pension or Annuity Payment (Optional)	Required for tax withholdings from annuity.

MILITARY FORMS AND DOCUMENTS

DD Form 214, Report of Separation from Active Duty (or equivalent)	Attach copy if you have served in the military.
Waiver of Military Retired Pay (copy) or acknowledgment of the waiver from Military Finance Office.	Required to waive military retired pay and use military service in CSRS annuity. Letter should be sent to Military Finance Office at least 90 days but no later than 60 days before planned retirement date to preclude overpayments. See example below.
OPM Form 1514, Military Deposit Worksheet	Required to apply to pay for military service after 1-1-57. If not available, submit other proof of deposit (Leave and Earnings Statement, Receipt for Deposit, etc).
OPM Form 1515, Military Service Deposit Election	Required for military service after 1956 and have not paid a military service deposit.
SF 2802, Application for Refund of Retirement Deductions	Required to apply for a refund of post-1956 military service deposit and not waive military retired pay.
SF 2802-B, Current/Former Spouse's Notification	Required to apply for a refund of military service deposit after May 6, 1985 (Spouse Equity Act).

WAIVER OF MILITARY RETIRED PAY

TO: Defense Finance and Accounting Service
Cleveland Center (DFAS-CL/RO)
P.O. Box 99191
Cleveland, OH 44199-1126

I _____ hereby waive my military retired
(Full name/military serial numbers/SSAN)

pay for civil service retirement purposes effective _____. I have/have
(date before annuity commences)

not elected survivor benefit pay for my spouse. I hereby authorize the Office of Personnel Management to withhold from my civil service retirement annuity any amount of military retirement pay granted beyond the effective date of this waiver due to any delay in processing this election.

Signature